Office of Health Promotion

2003-2004 Business Plan

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1. Introduction and Mandate

"Health Promotion is the process of enabling people to increase control **over, and to improve, their health.** Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector , but goes beyond healthy lifestyles to well-being."[1]

The Premier announced the creation of a new Office of Health Promotion (OHP) on December 19, 2002 with Honourable Rodney MacDonald as Minister.

The creation of this office is aimed at achieving Nova Scotia's vision of well-being: individuals and communities working together to achieve a healthier population.

Health is determined by many factors ... social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, health services, culture and gender. Taken together, these are the "determinants of health". These factors are influenced by many factors, circumstances and organizations. As a result, any strategy to influence these determinants for the better has to involve many people and organizations. In fact, good health is everybody's business.

Health promotion supports the achievement of full health potential. This includes a secure foundation in a supportive environment, access to information and life skills, and opportunities for making healthy choices. People cannot achieve their health potential unless they have control of those things which determine their health.

The prerequisites and prospects of health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities.

The mandate of the new Office of Health Promotion is to facilitate communication, cooperation and collaboration and action among individuals, organizations, sectors and government departments to achieve a healthier population. In its role as a facilitator of health promotion and wellness, the Office of Health Promotion will not have a large structure and organization which is separate from the rest of the Government. Instead, the key to its success will be the facilitation of integration among departments, agencies and organizations with whom it shares the goal of a healthier population.

[1] Ottawa Charter for Health Promotion, 1986

2. Planning Context

2.1 Introduction

Through its business plans and budget, the Government of Nova Scotia has articulated a policy direction which provides an important context for the mandate, strategic priorities and core business areas of the Office of Health Promotion. In its Corporate Plan for 2003-04, the Government established a vision for "a healthy prosperous, and self-sufficient Nova Scotia". The health and well-being of Nova Scotians is key to the Government's overall social and fiscal policy objectives.

The Deputy Minister of Health has been named the Chief Executive Officer of the Office of Health Promotion.

The Office of Health Promotion combines the functions of the Sport and Recreation Commission with health promotion and related activities.

This business plan integrates the budget of the Office of Health Promotion with its priorities for health status improvement, intersectoral collaboration, and health promotion.

2.2 The Case for Prevention

In comparison to other provinces, Nova Scotia has the:

- second lowest provincial life expectancy at birth
- second highest level of years of life lost for cancer
- second highest level of years lost for respiratory illness
- third highest level of years lost for heart diseases
- highest rate of deaths due to breast cancer
- highest rate of deaths due to respiratory illness
- third highest rate of deaths due to lung cancer
- highest rate of high blood pressure
- highest rate of smokers
- highest risk for depression
- second highest rate of diabetes
- second highest risk for high life stress

Comparison of Key Health Determinants
Key Health Indicators
Comparison of Nova Scotia and Canada as a Whole[2]

Indicator	Nova Scotia	Canada
Smokers as percentage of total population	28.2 %	26.0 %
Fruit & vegetable intake meeting Canada Food Guide (5-10 servings/day)	29.4 %	33.7 %
Self-report of fair or poor health	14.4 %	11.9 %
Self-report of Heart Disease	6.3 %	5.0 %
Self-report of Diabetes	5.2 %	4.2 %
Self-report of Chronic Respiratory Disease	16.3 %	14.2 %
Self-report of Mobility Disability	4.6 %	3.6 %

3. Strategic Goals[3]

The Office of Health Promotion has four strategic goals for 2003-2004:

- **Strengthen community action to promote health**
- **Develop personal skills**
- **Create supportive environments**
- **Re-orient services to support population health**

The Office of Health Promotion will seek to:

- Develop and maintain strong connections to other government departments, advocacy organizations, and other community-based partners.
- Increase public profile and focus on health, health promotion and improving health determinants
- Increase intersectoral focus on healthy communities, chronic disease prevention initiative, etc.
- Support and enhance efforts at community capacity building.

[2]Data from the Canadian Community Health Survey: Summary Report to the District Health Authorities. 2002. All differences between Nova Scotia and Canada as a whole are statistically significant.

[3]Adapted from the Ottawa Charter for Health Promotion, 1986

4. Core Business Areas

The Office of Health Promotion has 4 Core Business Areas:

- Health Promotion and Disease/Injury Prevention
- Tobacco Reduction
- Addiction and Problem Gambling
- Physical Fitness, Recreation and Sport

4.1 Health Promotion and Disease / Injury Prevention

Works in partnership with stakeholders, communities, families and individuals to prevent illness, protect and promote health and achieve well-being. Activities are directed at an entire population, priority sub-populations or individuals in some circumstances.

4.2 Tobacco Reduction

Works in partnership with many other groups to implement a comprehensive tobacco strategy for Nova Scotia. Elements include taxation, legislation, treatment/cessation programs, community-based programming, youth smoking prevention initiatives, media awareness and evaluation. The provincial *Tobacco Access Act* and federal *Tobacco Act* are enforced through ongoing education and support in the community. Aspects of enforcement include retailer visits, signage and education.

4.3 Addiction and Problem Gambling

Works with provincial and community level groups and organizations on prevention and community education (in schools, workplaces and communities) and problem gambling (specialized services including prevention and education)

4.4 Physical Fitness, Recreation and Sport

Building on the past success of the Sport and Recreation Commission, works with others to develop, encourage, establish, coordinate, implement and promote sport and recreational programs and services.

Administrative support is provided to the core business areas of the Office of Health Promotion by the following branches/offices in the Department of Health:

- Communications
- Legal Services
- Health Sector Workforce/Human Resources
- Health Information Management
- F/P/T Affairs
- Financial Services
- Policy, Planning and Legislation

5. Priorities for 2003-2004

5.1 Health Promotion

Health promotion policy can combine diverse, yet complimentary approaches to legislation, fiscal measures, taxation and organizational change. Coordinated action can result in the adoption of healthy public policies in both the health and non-health sectors.

5.1.1 Together with partners, and through the leadership of the Provincial Breastfeeding Committee, develop policy recommendations for Nova Scotia on breastfeeding and the Baby Friendly Initiative (BFI). The policy recommendations will facilitate the creation of conditions in which all women will be supported in their efforts to breastfeed their babies.

5.1.2 Through representation on the Nova Scotia Nutrition Council's Food Security Steering Committee, influence policy to improve food security among Nova Scotians.

5.1.3 Together with partners, participate in the development of a Healthy Eating Strategy within the overall context of the Chronic Disease Prevention Strategy (currently underway).

5.1.4 As a member of the Children and Youth Action Committee, publish a report on indicators of the well-being of children and youth in Nova Scotia.

5.1.5 Together with partners, implement a school food survey that will provide information to inform program and policy development.

5.2 Tobacco Reduction

The OHP works in partnership with many other groups to implement a comprehensive tobacco strategy for Nova Scotia. Elements include taxation, legislation, treatment/cessation programs, community-based programming, youth smoking prevention initiatives, media awareness and evaluation.

In the past, national data indicated that the youth smoking rate in Canada had declined, while youth smoking in Nova Scotia had increased. More recently, two surveys (one national and one provincial), suggest that youth smoking rates in Nova Scotia are decreasing. For example, we are encouraged by the results of the 2002 Nova Scotia Student Drug Use Survey, released in November, which indicate a significant reduction in student tobacco use. Between 1998 and 2002 the smoking rate among junior and senior high school students dropped from 36% to 23%. As positive as this news is, much remains to be done.

5.2.1 **Taxation** - Make recommendations to Government concerning the taxation of tobacco and its effect on smoking rates according to provincial and national trends.

5.2.2 **Legislation** - Coordination of Smoke-Free Places Act enforcement including ongoing liaison with enforcement agencies, management of 1-800 complaint/information line, monitoring of inspection activity.

5.2.3 **Treatment/Cessation** - Support to new Addiction Services nicotine treatment staff including coordination of district training opportunities. Monitoring of pilot evaluation of treatment approaches using a combination of counseling and pharmacological cessation aids. Pilot will generate funding recommendations for coverage of pharmacological cessation aids under the Tobacco Strategy.

5.2.4 **Community-based Programs** - Support to new Public Health Services staff (Tobacco Coordinators) to facilitate development of district tobacco strategies. Facilitation of development of standards for tobacco community-based programs.

5.2.5 **Youth Prevention** - Production of school-based tobacco prevention resources including curriculum, school policy guidelines and youth cessation programs. Ongoing enforcement of the *Tobacco Access Act* and *Tobacco Act*.

5.2.6 **Media/Public Awareness** - Development and implementation of the second year of the three year provincial tobacco control public awareness campaign. Initiatives for 2003-2004 include an evaluation of TV ads, enhancements to the sickofsmoke.com website, media training for district tobacco staff, launch of high school media programs and coordination of a human resource/workplace tobacco awareness program.

5.2.7 **Monitoring and Evaluation** - Production of an Annual Report highlighting Tobacco Strategy progress.

5.3 Addiction and Problem Gambling

5.3.1 **Enhanced Rural Women and Youth Addiction Services** - Support to new Addiction Services field staff in the Districts to reduce barriers to service, highlight accessibility and community based prevention, intervention and treatment services.

5.3.2 **Addiction Service Standards** - Operational definitions, objectives and measurements for key services continue to be developed and implemented as a framework for improving access to, and delivery of, addiction services throughout Nova Scotia.

5.3.3 **Best Practices** - A series of Best Practices documents, for use by management and staff in Addiction Services, are being written and distributed for each Service Area (Withdrawal Management, Addiction Education Program, Prevention and Community Education etc.) This, in conjunction with improved addiction services standards, will help ensure deliver of consistent, high quality services across the province.

5.3.4 **Addiction Services Information System (StatIS)** - This province-wide client information system, for tracking and monitoring client activity and patterns, is being redesigned to support DoH, DHA objectives and accommodate federal and provincial reporting requirements.

5.3.5 **Enhanced Nicotine Treatment** - Addiction Services, both centrally and in the DHAs throughout the province, continues to work with and actively support, the department's Strategic Directions related to nicotine.

5.3.6 **Outcome Monitoring System** - The process for monitoring addiction-specific outcomes has been established throughout the province. The questionnaire that will be utilized for the one-year followup is being finalized by a committee of experienced evaluators and programmers.

5.3.7 **Strategic Plan for Problem Gambling** - A province-wide plan, predicated upon the need for core service components in all Districts, and based upon WHO models and concepts is being implemented. Existing services and resources and service delivery gaps are being identified.

5.3.8 **NS Gambling Prevalence Study** - The purpose of this approved study is to establish the nature and extent of problem gambling in Nova Scotia. The challenge over the next fiscal year will be to manage the survey process and report the findings.

5.3.9 **Gambling Health Promotion and Intervention** - Materials, based directly upon VLT studies and clinical experience, are being developed for dissemination to a number of target-specific populations to counteract well-established myths and address gambling-related risks.

5.4 Physical Fitness, Recreation and Sport

Building on the past success of the Sport and Recreation Commission, the OHP works with others to develop, encourage, establish, coordinate, implement and promote sport, recreational, fitness and outdoor programs and services.

There are various areas in which it is critical for the OHP to achieve results in order to improve the health of Nova Scotians. Among them are leadership and facility development, safe environments and the research and information required to foster a physically active culture.

The OHP provides policies, programs and services in three areas:

- Development and support of recreation and sport organizations, public agencies and communities.
- Promotion and support of Active Healthy Lifestyles
- Quality, safe and equitable sport and recreation opportunities and experiences.

5.4.1 Support and promote volunteers in leadership positions in sport and recreation

5.4.2 Support and encourage the development of facilities and infrastructure for sport and recreation

5.4.3 Work with the Department of Education and other stakeholders to facilitate physical fitness and recreation in schools

5.4.4 Implement the Active Kids/Healthy Kids strategy for physical activity for children and youth.

6. Office of Health Promotion - Budget Context

Business Plan Elements	**2003-2004 Estimates**
Office of Health Promotion	16,152,600
Recoveries	(1,242,600)
Total - Office of Health Promotion	14,910,000

Funded Staff Office of Health Promotion (FTE's)	**49.0**
Less: Staff Funded by External Agencies	**(3.5)**
Total Office of Health Promotion Funded Staff:	**45.5**

7. Performance Measures 2003-2004 Business Plan

For this business plan, the Office of Health Promotion has selected some measures and corresponding targets which are shared with the Department of Health. In future, some measures may change and additional measures added to better reflect the span of core business areas of the OHP.

Core Business Area: Health promotion and disease/injury prevention				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Healthy Babies	▸ percentage of women breast-feeding at hospital discharge	baseline 65% (2000) 66.8% (2001)	73%	Develop policy recommendations to facilitate the creation of conditions in which all women will be supported in their efforts to breastfeed their babies.

Core Business Area: Tobacco reduction				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Smoke-Free Society	▸proportion of non-smoking population regularly exposed to environmental smoke	baseline 32.2% (00/01)	decrease to Canadian average of 27.6% or less (00/01)	Continue to implement the Comprehensive Tobacco Strategy including: coordination of enforcement of the Smoke-Free Places Act
	▸percentage of youth who smoke	baseline 18.9% (98/99) 18.9% (00/01)	decrease	support to new nicotine treatment staff and tobacco coordinators ongoing production of school-based tobacco prevention resources continue public awareness campaign

Core Business Area: Physical fitness, recreation and sports				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
A physically active population	▸percentage reporting Body Mass Index in excess of the healthy range	baseline 54.8% (98/99) 55.2% (00/01)	decrease over time	Continue to support recreation and sport organizations, as well as sport and recreation opportunities and experiences.
	▸population 12 yrs and over who report being active less than once per week or never	baseline 51.9% (98/99) 52.6% (00/01)	to be established consistent with national target for 2010	Work with the Department of Education and other stakeholders to facilitate physical fitness and recreation in schools.